



Kansas Board of Cosmetology

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APPLICATION FOR DUPLICATE LICENSE

Complete this application online, print, and mail to the Kansas Board of Cosmetology at the address listed above. The below must be included with this completed form:

1. The nonrefundable \$25 fee.
2. Legible photocopy of your current government issued photo identification. (i.e. drivers license, state identification card, or military identification) If the name and/or address on the application and the identification document are not the same or should the photo identification not be legible, the application will not be processed and will be returned to you.

Affidavit

Name: _____ whose mailing address is:

Last

First

Middle

(Street)

(City/State)

(Zip)

whose license number is: _____ and Social Security Number is: _____

wishes to apply for a duplicate of said license. Being duly sworn and deposed, I state my license has been (check appropriate one):

☐ Destroyed

☐ Lost

☐ Stolen - if stolen please attach a copy of the police report.

☐ Never Received

☐ Need a reprinted license due to name change - Enclose a copy of the legal document (i.e. marriage license, divorce decree, or other court document) which verifies the name change.

☐ Working in more than one facility. List below each facility in which you are providing consumer services:

Facility: _____ License # _____

Address: _____

(Street)

(City)

Facility: _____ License # _____

Address: _____

(Street)

(City)

Fee Payment

To pay the non-refundable \$25 fee by check or money order, attach the fee to the front of this completed application. Check or money order shall be made payable to the Kansas Board of Cosmetology. For credit card payment, complete the section below:

Payment Type: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

\$

Credit Card #

Expiration Date (mo/yr)

Fee Amount

Card Holder's Printed Name

Daytime Phone

Card Holder's Signature

Attestation and Notarization—At this point print this completed application

You may only sign and date this attestation before the individual who will notarize the document. Once the form is signed and notarized, forward the completed application, the government issued photo identification, and the other required documents to the Kansas Board of Cosmetology address listed above.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____ County _____

Signature of Notary: _____ Notary Seal

(This portion for office use only) Approval Date: _____ Authorization: _____